

K4-75

SOUTHERN OHIO CORRECTIONAL FACILITY

INTER-OFFICE COMMUNICATION

TO: Bellup 211-903
FROM: INMATE HEALTH SERVICES
SUBJECT: MEDICAL TRIPS
DATE: 5-9-01

PLEASE BE ADVISED THAT YOU ARE SCHEDULED FOR A MEDICAL APPOINTMENT FOR A TEST OR EXAM BY A SPECIALIST FROM OSU HOSPITAL.

I AM AWARE THAT THE PHYSICIAN AT SOUTHERN OHIO CORRECTIONAL FACILITY HAS DEEMED IT NECESSARY THAT FURTHER TESTING OR EXAM IS NEEDED TO EVALUATE MY MEDICAL CONDITION.

TYPE OF TEST OR EXAM TO BE SCHEDULED OSU Childrens

 YES, I WANT TO BE SCHEDULED.

✓ NO, I DO NOT WISH TO BE SCHEDULED.

Reschedule D.S.

Hospital
#10

IF YOUR ANSWER IS NOT, YOU MUST SIGN AN AMA. IF YOU AGREE TO GO NOW, AND REFUSE THE DAY OF THE TREATMENT YOU WILL RECEIVE A TICKET PER SECURITY.

INMATE NAME my

INMATE NUMBER 2443

WITNESS SSA

Revised 09/2000

EXHIBIT "A"